

REGARDING INJURY TO A CHILD

Patient's Name _____ Date _____

Date of Birth _____ MR. NO. _____ Admit Date _____

1. History Given of Injury/Condition by Parent, Guardian or Accompanying Adult:

Patient pushed himself off of a folding lawn chair, landing on concrete driveway (approx 2 foot drop)

2. Detailed Description of Child's Medical Condition - Diagnosis:

2 separate skull fractures (parietofrontal and occipital), multifocal subdural hemorrhages (bleeding on both sides of brain), bilateral retinal hemorrhages (bleeding in back of both eyes)

3. Physician's Impressions Relating to the Condition of the Child and Prognosis:

Full prognosis of brain injury not yet known. If non-mobile babies with unexplained injuries are returned into the same care environment in which unexplained injury happened, there is risk for further and more severe injury.

4. Could permanent physical damage or death result from failure to obtain immediate medical treatment?


☒ Yes ☐ No If no, why?

5. In your professional opinion is the child's condition consistent with the family explanation?

☐ Yes ☒ No If no, why? While the reported fall could account for one of the skull fractures, it does not explain the other fracture or the extent of Mason's intracranial bleeding. A Hematology workup for bleeding disorders is ongoing.

6. Is this child's condition consistent with abuse and/or neglect?

yes


Physician's Signature

Dhvani Shah
Physician's Printed Name

14472
page #

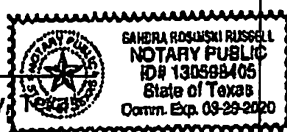

Attending Physician's Signature

Bachin
Attending Physician's Printed Name

Phone #

Subscribed and sworn to before me, the undersigned notary public, on this 23 day of July 20 18


Notary Public In and For Harris County



07-23-'18 10:49 FROM- TCH

T-495 P0003/0007 F-414

CI

Age

Sex

Date Occurred

Case Name

Date Observed

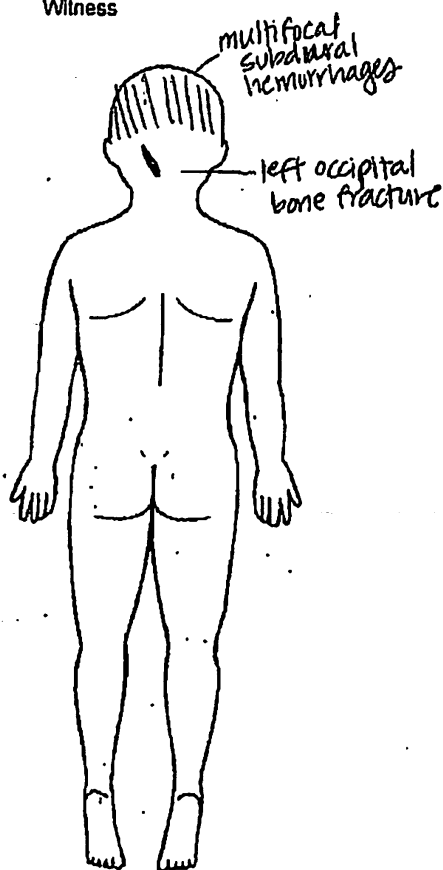
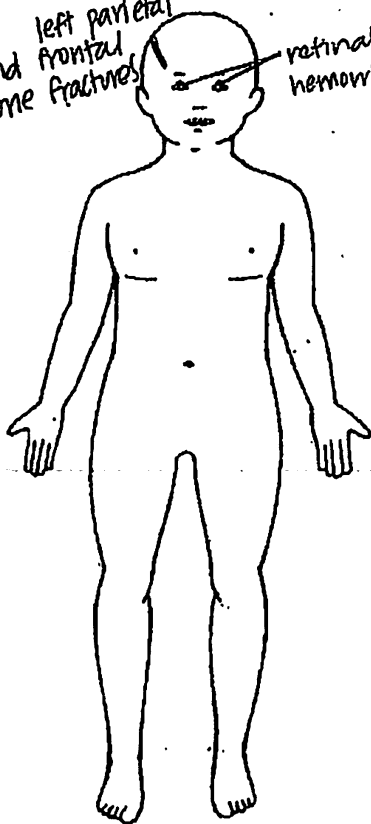
Witness

left parietal
and frontal
bone fractures

retinal
hemorrhages

Photographs Taken:
☐ Yes ☐ No

Please indicate in RED ink on
this diagram the area, and
type of damage and bruise
color (i.e., E1). Check off all
observed injuries indicated by
witness below.



[Signature] 7/23/18

A. BONES

- ☐ 1. Simple fracture
☐ 2. Open fracture
☐ 3. Multiple fracture
☐ 4. Dislocation
☐ 5. Other _____

B. BURNS

- ☐ 1. Cigarette
☐ 2. Scalding
☐ 3. Chemical
☐ 4. Flame
☐ 5. Electrical
☐ 6. Branding
☐ 7. Immersion
☐ 8. Other _____

C. SEXUAL ABUSE

- ☐ 1. Fondling
☐ 2. Anal Entry
☐ 3. Vaginal Entry
☐ 4. Coitus
☐ 5. Oral Stimulation
☐ 6. Other _____

D. INTERNAL INJURY

- ☐ 1. Internal Bleeding
☐ 2. Organ Damage
Organ _____
☐ 3. Intestinal Damage
☐ 4. Muscle Damage
☐ 5. Other _____

E. BRUISES & WOUNDS

- ☐ 1. Welts
☐ 2. Faded Bruise
☐ 3. Obvious Bruise
☐ 4. Scatches
☐ 5. Cuts
☐ 6. Open Wound
☐ 7. Gunshot Wound
☐ 8. Inflicted by:
☐ Hand
☐ Foot
☐ Instrument

1. BRUISES & WOUNDS

Bruise Color:

- ☐ 0-2 days - swollen, tender
☐ 0-5 days - red, blue, purple
☐ 5-7 days - green
☐ 7-10 days - yellow
☐ 10-14 days - brown

HAS INJURY RESULTED IN

- ☐ Permanent Damage?
☐ Death of the Child?

F. HEAD INJURY

- ☐ 1. Brain Damage
☐ 2. Concussion
☒ 3. Skull Fracture
☐ 4. Dental Damage
☐ 5. Broken Bone
☐ 6. Split Lip
☐ 7. Black Eye
L R
☒ 8. Subdural Hematoma
☐ 9. Other _____

G. INJURIES

- ☐ 1. Dismemberment
☐ 2. Exposure
☐ 3. Malnutrition
☐ 4. Poisoning
☐ 5. Sprains
☐ 6. Suffocation
☐ 7. Hemorrhage
☐ 8. Other (specify) _____



TEXAS CHILDREN'S
HOSPITAL
8621 Fannin St
Houston TX 77030

BRIGHT, MASON DEAN

Adm: 7/18/2018, D/C:

Texas Children's Hospital®

Mason Dean Bright

7/18/2018 5:48 PM ED to Hosp-Admission

Description: Male DOB: [REDACTED] Department: Wt Surgery Care

MD Progress Note by Shanghvi, Dhvani R, MD at 07/21/18 1257

Author: Shanghvi, Dhvani R,
MD

Service: Public Health
Pediatrics

Author Type: FELLOW

Filed: 07/21/18 1444

Date of Service: 07/21/18 1257

Status: Attested Addendum

Editor: Shanghvi, Dhvani R, MD (FELLOW)

Cosigner: Bachim, Angela N, MD at
07/21/18 1503

Attestation signed by Bachim, Angela N, MD at 07/21/18 1503

I have examined the patient. I have reviewed, discussed and agree with history, exam assessment and plan as documented by CAP fellow Dr. Shangkhi. I have reviewed the clinical labs, radiological and other medical tests, and discussed results with appropriate personnel.

Discussed hematology work up plans with parents, including that those tests will take time to result.

Discussed ophthalmology findings with parents. Specifically discussed that the the diffuse (yet not fully out to the periphery) RH in the L eye are out of proportion to what would be expected with a simple short fall. Discussed that this is in context of RH healing every day since event that caused injury.

Discussed that there are still 2 skull fractures that would have needed 2 separate impacts to occur, and only a 1-impact explanation thus far in a non-mobile infant.

Discussed that the intracranial hemorrhage/fluid collections are still more extensive than would be expected from a short fall.

Parents had any concerns and question both over what to expect with CPS and regarding what to expect for Mason's prognosis.

Impression: Concerning for inflicted injury

In addition to Dr. Shangvi's plan, Mason's sibling will also be evaluated in CPH clinic. Please do not discharge until CPS has given dispo.

Angela Bachim, MD
Child Protection Team Attending
Pager 2290

Child Protective Health Progress Note

***Subjective**

Mason is a previously healthy 5 month old male who presented after a reported fall from a lawn chair onto a concrete driveway and was subsequently found to have a left parietal and occipital skull fractures as well as bilateral subdural hemorrhages.

Per parents, C-spine was cleared this AM and Mason has been slightly more comfortable since C-collar was removed. He continues to have emesis with feeding and underwent a repeat CT today.

They have been unable to recall any further instances of significant trauma or accidental injuries to Mason's head.

Current Medications

Active Scheduled Medications:

***Physical Exam**

Weight: 9.1 kg (20 lb 1 oz)	Height: 69 cm (2' 3.17")
Head Cir: 46 cm (18.11")	89 %ile (Z= 1.26) based on WHO (Boys, 0-2 years) weight-for-recumbent length data using vitals from 7/19/2018.
Normalized weight-for-stature data available only for age 2 to 5 years.	93 %ile (Z= 1.51) based on WHO (Boys, 0-2 years) weight-for-age data using vitals from 7/19/2018.
>99 %ile (Z= 2.52) based on WHO (Boys, 0-2 years) head circumference-for-age data using vitals from 7/19/2018.	
Temp: 98 °F (36.7 °C)	Pulse: 85
BP: (I) 121/64	Resp: 24

General: alert, no acute distress, but fusses with examination

HEENT: Head: normocephalic, anterior fontanelle full

Eyes: Pupils equal, round, reactive to light, Sclera white, no subconjunctival hemorrhages

Ears: normal, no lesions or deformities, pinna are uninjured

Throat: Moist mucous membranes, no injuries to the labial or lingual frenulum.

Chest/Respiratory: No respiratory distress, symmetric and clear to auscultation bilaterally, No palpable abnormalities to the clavicle or rib cage

Cardiovascular: Regular rhythm with quiet precordium, normal S1 and S2, and no murmur, rub, gallop, or click.

Abdomen: soft, non-tender, non-distended, no masses, bowel sounds normal, no hepatomegaly

Musculoskeletal/Extremities: No palpable bony nodules in the arms and legs, moves all extremities well, no gross deformities

Skin: no rashes, petechiae, lesions or ulcerations

Neurologic: alert, age appropriate, moving all extremities

*Results

7718 Head CT: Minimally displaced linear left parietal and frontal bone fractures traversing the coronal suture with overlying scalp hematoma. Minimally displaced left occipital bone fracture with overlying scalp swelling. Right subdural hematoma.

Pgr: 14472

Revision History ▼

Patient Information

Bright, Mason Dear

Male

No Routing History on File

DFPS PRODUCTION PT.1 - 000369